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PTO/SB/30 (08-03) Approved for use through 07/31/2006. OMB 0651-0031
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## REQUEST **FOR** CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	09/997,067
Filing Date	11/29/2001
First Named Inventor	Hirsts et al.
Art Unit	3629
Examiner Name	Igor N. Borissov
Attorney Docket Number	YKI-0081

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO ) on page 2.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).  2. Previously submitted. If a final Office action is cutstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.								
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I.  Consider	.   Consider the arguments in the Appeal Brief or Reply Brief previously filed on							
ii. 🗆 Other	ii. 🔾 Other							
	iment/Reply it(s)/Declaration(s)	iii.		ure Statement (IDS)	-			
2. Miscellaneous								
	of action on the above	e-identified ap	olication is reque	sted under 37 CFR	1.103(c) for			
•	months. (Pe							
b. D Other								
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filled.  a. ☑ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 06-1130  i. ☑ RCE fee required under 37 CFR 1.17(e)  ii. ☐ Extension of time fee (37 CFR 1.135 and 1.17)								
III. □ Other		<del></del>			-			
b. Check in the			enclos	ed				
	credit card (Form PTO-							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
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	SIGNATURE OF A	PPLICANT, AT	TORNEY, OR AG	ENT REQUIRED	_			
Name (Print/Type)	Joel 7 Charlton	e ne-	Regist	Bion No. (Altomey/Agent)	52,721			
Signature	Jall (.//	ella	Date	November 30, 2004				
CERTIFICATE OF MAILING OR TRANSMISSION								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or tacsimile transmitted to the U.S. Patent and Frademark Office on the date shown below.								
Name (Print/Type)	Patricia (1) Hart	.,1						
Signature	100	7/1/2	Date	November 30, 2004				
			<del></del>					

This collection of information is required by \$7 CPR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by \$8 U.S.C. 122 and \$7 CPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, proparing, and submitting the completed application form to the USPTO. There will vary deporting upon the inclinitian case. Any comments on the amount of time you require to complete this torns endow suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark. Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

PAGE 2/10 \* RCVD AT 11/30/2004 4:07:43 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/0 \* DNIS:8729306 \* CSID:8602860115 \* DURATION (mm-ss):03-28

12/16/2004 PLEWIS 01 FC:1801

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

4k I-0081

0999.7 SGr

CLAIMS A		(Column 1)		_		SMALL ENTITY TYPE		OTHER TI			
TOTAL CLAIMS		14				ATE	FEE		RATE	FEE	
FOR		NUMBER FILED	NUME	NUMBER EXTRA		IC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			'2) minus 20= *		5 xs		\$ <b>9</b> =		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = * 4		4	×	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT					+1	40=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in			enter "0" in c	xolumn 2	TC	TAL		OR	TOTAL		
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_	THO. THEOL	STATION OF IM	Jen Le Jen End			+1	40=		OR	+280=	
							TOTAL		OR	TOTAL ADDIT. FEE	
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AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDIS TIONAL FEE
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	1-30.03			column 2)	(Column 3)				,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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			he entry in column 2.			L	40=		OR	+280= TOTAL	(18)
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